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Male and female tears: swallowing versus shedding? The relationship between crying, biological sex and gender

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Introduction

One of the most pervasive stereotypes of sex differences in our culture is that of the emotional, labile women versus the rational, strong man. A more behavior-oriented version of this sex stereotype is the crying women alongside the man who, under all circumstances, knows how to control his feelings and to withhold his tears. How much similarity exists between the stereotype and the real behavior of women and men with respect to crying? Do women really cry more often? And, if so, which explanations can be offered?

It is the aim of this chapter to review the relationship between crying and gender. First, the relation between crying behavior and biological sex is discussed. The major issue here is the extent to which it is valid to consider crying a predominantly female reaction. In the remainder of the chapter various explanations for these relationships are critically reviewed. After exploring the possible role of biological factors, we focus on the reasons why men and women cry and on the types of situations in which they cry. Finally, considering crying as a coping mechanism, we investigate how it is used by men and women, respectively.

Critical examination of sex-specific prevalence

Current cultural stereotypes would have us to believe that tears are usually shed by infants and women. This picture indeed seems to be supported by the scientific literature. Vingerhoets and Scheirs (1999) identified 13 studies that have yielded evidence that women compared with men cry more frequently and more intensely. Data collected in the context of the International Study on Adult Crying (see Chapter 8, this volume) once more corroborate this view. Figure 1 presents the distributions of the male and female four-week crying frequencies reported in this project.
Also with respect to *crying proneness*, the (self-reported) likelihood that one will cry when being exposed to a certain situation or experiencing a certain emotion, women also usually show higher scores than men (see Chapter 8, this volume for data on crying proneness obtained in the ISAC-project). According to Vingerhoets and Scheirs, further research is needed to determine whether women also cry for longer durations. Finally, women report more problems with crying than men do (Illovsky, 1991).

Nonetheless one may wonder whether women really cry substantially more often than do men. Are these data valid and reliable indicators of crying? When trying to answer such questions, it is necessary to agree upon an exact definition of crying and to have a closer look at the ways in which crying is usually measured. To this end, we make use of a model that is based on Gross and Muñoz (1995), which describes two forms of emotion regulation.

In this model, emotional cues elicit emotional response tendencies which manifest themselves at the behavioral, the experiential and the physiological level. These response tendencies may or may not be followed by the (manifest, observable) emotional response. The definition question then is whether crying is restricted to the actual shedding of observable tears or that it should also include the (antecedent) feeling of being moved to tears (emotional response tendency). In the case of feeling moved to tears, the actual shedding of tears might or might not be realized; the tears can be “swallowed.” This is what Gross and Muñoz (1995) label “response-focused emotion regulation,” that is, the emotion program has already been activated, but the individual modulates the response tendencies that have been generated.

What implications may this broader definition of crying have for sex differences in crying? If a narrow definition of crying, just shedding tears is used, then there is no doubt that
women are more frequent cryers than men. Although many researchers seem to be aware of the possibility of distinguishing between actual shedding tears and feeling moved to tears, the latter has rarely been attended to. Therefore, it is not known to what degree the sexes differ in feeling moved to tears.

Men generally tend to avoid the expression of “weak” emotions. For instance, there are indications that men are reluctant admitting to (phobic) anxiety. Such masculine avoidance of presenting with phobic complaints or their differential expression of depression (e.g. Oliver & Toner, 1990; Vredenburg et al., 1986) can result in an artificial low prevalence of these disorders in men (Bekker, 1996). Analogously, men may more actively avoid showing their tears (Kottler, 1996) because of current cultural stereotypes of masculinity, or, as Darwin (1872) put it: “[because of] its being thought weak and unmanly by men (....) to exhibit bodily pain by any outward sign” (p.153). Thus, it is possible that men and women feel moved to tears equally often, but that men withhold themselves from actual shedding tears. On the other hand, women generally experience more negative affectivity (e.g., Gijsbers van Wijk, 1995), and thus seem to have more to cry for. Although the evidence with respect to frequency of sadness in both sexes seems to be inconclusive, women usually report more intense sadness (as well as other emotions) and they more often indicate that they feel helpless and powerless (Fischer, 1993). Furthermore, the higher rates of current and lifetime depressive disorder and incidence of reports of depressive symptoms among women are well-documented phenomena (APA, 1994; Gore & Colten, 1991).

In what follows, we would like to further expand on what Gross and Muñoz (1995) refer to as antecedent-focused emotion regulation strategies, “things that we do before an emotion starts, that affect whether a given emotion occurs, modifying the inputs to the emotional system” (p.153). Male preventive behavior regarding crying might thus not only involve the swallowing of tears in situations that evoke a crying response, but also the avoidance of situations that men know are likely to make them cry. It could thus be expected that crying frequency and crying proneness in men, as well as their willingness to report about these variables in research would be higher, if men felt less inhibited by current social norms concerning masculinity to give in to their tears and to share this with others (see also Lutz, 1999). At least partial support for this view is provided in
the study by Ross and Mirowsky (1984), in which it was shown that there were large differences in (self-reported) crying frequency between traditional and non-traditional men. Moreover, Vingerhoets et al. (1992) showed the importance of male self-esteem for (admitting) crying. In addition, it has been found that male therapists also report to cry much more often than men in other professions (see Chapter 4, this volume). On the other hand, Kottler (1996) suggests that women in higher functions cry less often than the average women, which seems to imply that the professional context strongly influences if not the experience, then at least the expression of emotions (or, of course, the other way around, how one deals with emotions may direct one’s ambitions and may determine success in career).

Another way of looking at sex differences in crying is to assume that they are an artefact of sex differences in personality. Women generally obtain higher scores on measures of empathy, neuroticism, depression, and distress (e.g., Feingold, 1994; Heller, 1993). One could argue that sex differences in crying would disappear after controlling for such personality features. Peter et al. (submitted) explicitly tested this hypothesis in an adult sample, controlling for the Big Five personality dimensions emotional stability, extraversion, autonomy, conscientiousness, and agreeableness. After correction for these variables, sex differences in crying variables were maintained. In contrast, Unterberg (1998), studying sex differences in crying proneness in a sample of adolescents, reported that boys and girls no longer differed significantly with respect to crying proneness, when controlling for empathy. These data suggest that such sex-bound differences in personality should be taken into account in future research on sex differences in emotional responding.

In sum, it seems plausible to conclude that, in general, women cry more frequently and more intensely, or at least show more manifest crying behavior. However, more research is needed to determine whether the sexes differ in crying potential or, in terms of Gross and Muñoz’s model (1995) the crying response tendency, after having controlled for social desirability and other social factors that may interfere with giving a honest answer to questions about crying. Current cultural norms concerning masculinity might influence not only the actual tendency to shed tears, shorten the duration of crying, and inhibit intense or frequent crying in specific situations, they may also
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strongly influence the self-reports of men concerning this issue. Therefore, there is a strong need for observational studies, preferably in standard conditions, to obtain a better insight into the nature of the sex differences.

**Developmental issues**

Interestingly, sex differences in crying do not exist in newborns or children that are up to two years old (Feldman et al., 1980; St. James-Roberts & Halil, 1991). Studies by Kohnstamm (1989), Moss (1967), and Philips et al. (1978) even suggest that male toddlers cry more often than girls. One should be aware that the absence of a sex difference in newborns and very young children, a population in which cultural influences might be presumed to play a marginal role at best, may not necessarily be considered a strong indication for a predominantly socio-cultural determination of later sex differences, since boys and girls develop their most important physical and hormonal distinctive characteristics in early adolescence (see also Chapter 10, this volume). It is therefore important to obtain a better understanding into the development of these sex differences in children, with adequate attention for parental rearing style and other relevant social environmental factors. For example, the higher crying frequency in very young boys can be the result of socio-cultural factors already active in this early stage of human development, such as sex-specific interactions between the child and its caregivers and their peers (e.g., Langlois & Downs, 1980; Philips et al., 1978). In addition, one may wonder to what extent the higher prevalence of certain childhood diseases in boys and the higher risk of hurting themselves due to involvement in more rough play activities is responsible for the higher crying frequency in boys at young ages. Future studies should therefore not only focus on mere crying frequency, but also on the kind of situations that make boys and girls cry. Observational studies in kindergarten and class rooms would yield very valuable data in this respect.

Since research on emotional expressions including crying has largely been confined to very young children and adults, there are hardly any published studies that have addressed crying behavior in school children or adolescents (see Chapter 4, this volume). The suggestion that the
higher crying frequency of women compared to men becomes first manifest about age thirteen and then further develops (Hastrup cited in Frey, 1985) has not been substantiated with empirical findings. On the contrary, data collected by Van Tilburg et al. (1999) show that the sex difference is already manifest at the age of……and starts to increase from that age, in particular as a consequence of a decrease in boys' crying frequencies. How can this be explained? At least two alternative interpretations are possible. First, the development of the sex difference in adult crying coincides with the sex typing processes starting to shape girls' and boys' behavior in very specific domains, namely dating and struggles with parents involving conflicting views of autonomy and independence (Unger & Crawford, 1996). Crying, being part of a more feminine sex role pattern, might thus from that age on become more and more integrated into the girls' and more and more excluded from the boys' behavioral repertory. Moreover, teenage girls may have more reasons to cry than same age boys, because of culture's ambivalence about the mature female body and about the role of sexuality in women’s lives, which makes puberty more conflictual for girls than for boys (Unger & Crawford, 1996). Second, biological developmental aspects, in particular hormonal changes might be an important factor in early adolescence. However, this view was not supported for girls in the just mentioned study of Van Tilburg et al. (1999), because they failed to find a higher crying proneness and crying frequency in menstruating than in non-menstruating 12- to 14-year old girls. On the other hand, the possible role of male sex roles also should not be excluded beforehand, as will be shown in the next paragraph.

**Biological factors**

Which hormonal factors play a role as co-determinants of the sex difference in adult crying? Especially the predominantly female hormone prolactin has been subjected to investigation because of its presumed threshold lowering effects on shedding tears (Frey, 1985; Vingerhoets & Scheirs, in press; Chapter 10, this volume). Neither the possibility that other female hormones play a role nor that certain male hormones have a threshold-heightening effect on shedding tears has been considered yet, although, on the other hand, mood changes during the post-partum period, the
premenstrual phase and during the menopause have been associated with (changes in) other female sex hormones. In addition, animal data suggest a role for male hormones; chickens that received daily testosterone injections, after being separated from their vocalized their distress less than controls, whereas castration (see Panksepp, 1998). In addition, there is some evidence that empathy, which is presumably often related to crying at least in women, is negatively related to androgen levels (Moir & Jessel, 1995). Until now, there is a lack of data concerning this issue, which should be addressed more directly with adequate research methods in future studies. Moreover, hardly any studies have been hitherto done with respect to sex differences in crying in the elderly (see Chapter 4, for an exception). This is particularly relevant because of the major changes in blood concentrations of several female sex hormones in post-menopausal women. Other interesting data would be obtained from transsexuals undergoing hormonal treatment and men with prostrate cancer, whose testosterone levels are chemically lowered.

The need for further research is also clear from the fact that some findings seem to challenge the role of biological factors. For example, Horsten et al. (1997) described impressive cross-cultural differences in percentages of women, mainly arts or social sciences students, reporting an association between crying proneness and phase of the menstrual cycle. Of the total sample of 2018 participants, 44.9% answered positively to the question “Is your crying tendency dependent on the phase of your menstrual cycle?” However, the percentages ranged between as low as 15.4% and 18.9% in countries like China and Ghana, to as high as 69.2% and 68.9% in Australia and Turkey. These large variations suggest that biological (i.e. hormonal) influences are of marginal importance in female crying at best. On the other hand, the role of education and the media in emphasizing the role of hormonal factors may be important in sensitizing women for experiencing and reporting an association between phase of the menstrual cycle and mood changes including crying (Gurevich, 1995). Other evidence limiting the importance of hormonal factors in female crying concern the differences in crying behavior between different groups of women in our culture. For example, Kottler (1996) conjectures, unfortunately without presenting any relevant research findings, that women who are employed in higher functions reported to be
less prone to crying than other women. Williams and Morris (1996) suggest that the relatively low
crying frequencies of Israeli men and women (as compared to British data) may be a consequence
of having been in the army, where one learns to inhibit emotional expression. There is no reason to
assume that these groups of women differ with respect to levels of hormones that might be relevant
in the context of crying, although Frankenhäuser (1991) provided evidence for a more male like
psychobiological response of women in “male” functions than of women in more traditional
female professions.

Given the enormous variation in male and female sex stereotypes among different
countries or cultures, further support for a substantial cultural influence on sex differences in
crying might be found in the huge variation in the size of the sex-differences in crying frequencies
among countries as reported by Vingerhoets and Becht (1997) (see also Chapter 8).

In summary, biological factors might play a role in sex differences in crying, but further
research to determine their precise role is needed. Especially the possible relationship between
hormones and crying in young boys, and the influence of the hormone prolactin in post-
menopausal women should be further examined. However, we tend to conclude that sociocultural
factors are of at least as much importance in determining the differences between the sexes. In
other words, we consider a complex interaction between social and biological factors as most
promising.

Finally, we want to mention briefly Murube (1997)’s interesting views. This author
comes up with an intriguing but basically untestable hypothesis about the nature of sex differences
in crying, emphasizing the role of evolution. In the course of history men took up their role as
defenders of the tribe and group against aggressors. Because tears would interfere too much with
their fighting capacity, giving the women and children a feeling of not being protected and safe,
men in the course of evolution therefore showed a decrease in crying, which made them better fit
for their environment and more attractive as a sexual partner which contributed to their survival
and selection.
Sex-specific daily life and crying

Scrutinizing possibly relevant psychological or sociocultural factors in determining sex differences in crying, one of the first questions that comes to mind is why women would have more reasons to cry? Apart from the differential reactions of the social environment and social learning processes, we think that this question should be considered at least at the following three levels: (1) a possible differential exposure to emotional events; (2) a differential appraisal of similar events; and (3) more dramatic impact of events on physical and/or psychological state variables that may moderate (i.e. facilitate) crying.

Are there any indications that women are exposed more often to negative events? At the level of input or emotional cues, it is difficult to determine whether men and women quantitatively differ in the experience of daily life situations and life-events with a crying evoking potential. This is partly due to the fact that an event or situation is hardly to distinguish from a subject’s appraisal of that event or situation or from its meaning (Gore & Colten, 1991) which, in turn, is narrowly connected with one’s preferred coping strategies. And, much similar as daily life circumstances, appraisal and coping preferences are also highly sex-specific processes (Nolen-Hoeksema & Girgus, 1994; Ptacek et al., 1994; Vingerhoets & Van Heck, 1990), which makes it not easy to determine whether women have more to cry for than men. Moreover, women are more sensitive to others, in particular their wishes and problems (Bekker, 1993) and they define themselves more in relation to others and show more empathy (Chodorow, 1989). They might be more affected by the sadness of others. If we consider these “sad” moods and cognitions as concomitants or antecedents of crying, then we might conclude that women indeed are more often exposed to crying-inducing situations. In literature, there are some more evidence of more frequent exposure to stressful or traumatic events with high tear-provoking potential of women than of men (see Vingerhoets & Scheirs, 1999).

Becht et al. (in press) show that women cry more often in conflict situations than men, and that men cry relatively more often for a loss and for positive reasons. Note that it is not clear whether women are also exposed more often to conflicts and men more frequently to positive situations or that these situations simply more likely elicit tears and women and men, respectively.
In terms of emotions, women’s crying episodes are more often accompanied by anger and powerlessness, whereas male tears relatively more often go together with positive feelings. The fact that women cry more often in conflict situations is further substantiated by the finding that among the items that show the largest sex differences on the Adult Crying Inventory is one that reads “I cry when I am involved in quarrels or conflicts”. These data are also in agreement with findings of Rubin (1983) indicating that women show more emotionality in intimate, heterosexual conflicts, and with those of Komter (1985) suggesting that women experience more powerlessness in marital relationships.

Other situations in which more women than men reported shedding tears are reading books and watching sad movies or television programs (Van der Bolt & Tellegen, 1995-96). These are indications that women actively seek specific stimulation that makes them feel sad, because of a certain pleasure in the experience of feeling moved to tears. In Western culture, a predominantly female practice is watching soap operas and movies with a high tear eliciting capacity. Ang (1985) called the realism of the soap opera Dallas emotional realism: “What is recognized as real is not knowledge of the world, but a subjective experience of the world: a `structure of feeling' (p. 45)”. Meier and Frissen (1985) reported that their female respondents mainly watched some specific television series because they consciously sought its emotion inducing power. One of them reported: "(When I am watching) I am no longer in my own surroundings; I am completely swooning then. I am whining wonderfully. When I am in the right mood, I perfectly like such a swoon movie... handkerchief at hand ... wonderful!" (ref + PP.....). The authors noticed that being alone is probably a sine qua non for these women's enjoyment. A remarkable characteristic of this behavior is that getting emotional and producing tears is actively sought, making use of tear jokers or tear jerking practices. In other cultures, there are also examples of female practices, inducing crying.

Caraveli (1986) describes wailing songs by Greek village women, spontaneous ritual poems that women sing together in order to express their sadness about having lost their beloved to exile and death. While mourning and singing together, one's own sadness is strengthened by observing and experiencing the sadness of others and by being
reminded to one's own sad experiences. Caraveli and other anthropologists (e.g., Feld, 1990; Kuipers, 1986) emphasize that the women involved in these practices judge each other's ability to move others and to involve them into the experience of mourning. By means of this common practice, the women strengthen their mutual connectedness, which would alleviate the pain of their losses. This type of mutual social support by a ritualized practice of common mourning including crying is thus considered to be an effective way of coping with sadness. It is clear that these female ritual practices not only focus on expression of emotions per se, but also on facilitating to let others express their emotions.

In addition, what should not be overlooked is the professional context, which might facilitate or inhibit crying (Kottler, 1996). To mention just one example, women are overrepresented in the lower functions of healthcare work, such as nursing in which the responsibility for other persons who are sick and in other ways dependent evokes a lot of emotion (OECD, 1993). There is indeed some empirical support that female nurses cry relatively often in their professional context (e.g., Wagner et al., 1997), whereas men in technical professions may be confronted with far less emotional situations. It would be interesting to learn more about crying in men and women in similar positions, like police officers, and how they respond to emotional events like suicide and traffic accidents with children involved.

We are not aware of studies describing situations in which men's crying frequency exceeds women's, although, as already said, Becht et al. (in press) yield some evidence that men cry more often in positive situations. Although not a situation with a high crying evoking potential for many men according to the findings of Vingerhoets and Becht (1997), it is remarkable that sports settings (cf. Kottler, 1996), e.g., victory and defeat, elicit high levels of emotional reactivity including shedding tears in men. It is tempting to speculate about explanations for this rather isolated phenomenon; why are men so selective in their “choice” of situations in which shedding tears and emotionality is openly exhibited and, moreover, shared with other men? And why especially the situation of sports? Kottler (1996) speculated that men cry most uniquely in response to feelings that are part of their core identity, which in his opinion is, in most cultures,
framed in their roles of provider, protector, warrior, athlete, husband, father, and team player. Therefore, male tears would be more likely express pride, bravery, loyalty, victory, and defeat. However, empirical evidence for these hypotheses is lacking.

In short, there is evidence that women and men both willingly and unwillingly differ in the exposure to emotional events. Probably, because women have less problems with crying they are less willing to avoid emotional situations (both in professions and in their leisure) than men do.

Concerning the differential appraisal,......

Possible examples of situations that might affect the crying tendency of women are the following: sexual abuse, pregnancy, and widowhood. Rape and sexual abuse are more often experienced by women than by men. They have a major impact upon their health and well-being (Draijer, 1990; Finkelhor & Browne, 1988; Hanson, 1990; Römkens, 1989; Vanwesenbeeck, 1994). One should be aware, however, that such experiences may result in an inhibition, rather than a facilitation of crying (e.g., Hanson, 1990). Indeed, an inability to cry has been described repeatedly in victims of sexual abuse. It seems reasonable that such traumatic events may affect the threshold to shed tears in these women.

Another example of a situation that - in particular older - women are more often than men confronted with, is the loss of a beloved person, in particular one’s partner which is due to the fact that women live longer than men (Verbrugge, 1989). Here again the question is whether the experience of such an event has a long lasting impact on one’s crying propensity.

Some final examples are the following. One of the authors (AV) some time ago was approached by two women, who reported that their tendency to cry had increased significantly and permanently (at least for two years) after the birth of their first child. Reading newspapers and watching news reports on television displaying sad news facts made their tears run day after day, while there were no signs of mental or physical problems. On the other hand, this author also came across the case of a women who reports never to have shed any tear in the past 25 years, after having experienced a stillbirth. In addition, a man told me how easily he was moved to tears,
after having experienced a myocardial infarction. Even the delicious taste of food could stimulate his tears. These examples thus illustrate that one's psychological or physical state can be affected so strongly by certain events, that the further amount and nature of emotional stimulation and other factors hardly play a role or even play no role at all.

While we are aware of the anecdotal nature of these accounts, it nevertheless invites for more research and to learn more about the mechanisms behind such phenomena, if they can be substantiated in future examinations.

In conclusion, some situations might not only be regarded as tear provoking events, but possibly also as moderating factors with a more or less permanent influence on crying proneness. However, one should realize that most women before a certain age (e.g. students participating in crying research) only exceptionally have experienced any of these events and still report to cry more often than men.

In sum, at this moment it is not yet fully clear how women's and men's daily life experiences influence their crying behavior, although there are data strongly suggesting a relationship between crying and education and profession. Although women definitely seem to have more to cry for, that is, more exposure to situations that, in our culture, are associated with crying, future research should further investigate the role of these situational influences.

Crying as sex-specific coping

Focusing on crying as a coping mechanisms, we follow Vingerhoets and Scheirs (in press) in recognizing its emotion-focused (tension relief, catharsis) and emotional support (comfort, compare Lutz, 1999) seeking functions, as well as its problem-focused functions (“manipulating people;” Kottler, 1996). However, we wonder whether these latter are just derived and secondary functions. We would argue to consider the signal to the attachment figure that care is needed as its primary function. In early infancy, crying is part of the dependency system, facilitating attachment behavior. Crying is a clear and effective signal to arouse attention and to mobilize help from the attachment figure (Bowlby, 1973). Perhaps, when people have grown up, crying also gains some functions which seem to become independent of any attachment figure, e.g., when crying alone,
although one may wonder whether attachment figures play a role imaginarily, as suggested by Fridlund (1994). Although we are aware of the developmental aspects (see Chapter 3, this volume), we nevertheless wonder if there is any good reason to assume that adult crying has not lost its primary function: its function as a signal to (potential) attachment figures, expressing the need for care, e.g., for comfort and to be taken seriously like during conflicts. From this perspective, adult crying can be regarded as primarily serving emotion-focused coping functions. Concerning the assumed problem-focused coping aspects of crying, consider the situation that a woman cries during a conflict with her husband. Her crying will not solve the conflict, but it may influence the husband's willingness to take her more serious, to comfort her, which in turn can contribute positively to a problem-solving conversation. Although crying in itself does not solve the conflict and hardly to be seen as problem-focused coping, it nevertheless paves the way and sets the conditions for a more likely solution of the problem.

Elaborating from this perspective, existing sex differences in crying may be better understood: current stereotypes of masculinity are not compatible with behaving dependent, infant-like and “weak.” Regarding women, there is more tolerance regarding emotionality, at least, within “feminine”-labeled situations (Fischer, 1998). Women in general receive more consolation, support, help, comfort etc. when they show their powerlessness by crying than men (see also Fischer, 1993). Given the changing positions of women and men in society and the increasing number of women in traditionally “male” professions, future research should be aimed at the reactions to sex-specific crying in specific professional settings.

In addition, it would be interesting to examine how men and women appraise their crying in different situations. How do men and women appraise their tears? Kottler (1996) claimed men feel regret and resolve to show more self-control in the future after crying. Furthermore, he described that, while women feel sympathetic and accepting toward men who cry, men see women’s crying as neutral or positive, but view other men doing so as inappropriate and as a clear
sign of weakness. On the other hand, Frijda (1997) suggests that, in conflicts, men may interpret women's crying as a form of blackmail. Moreover, according to Kottler (1996), men show less tolerance toward crying children and also feel more internal disruption when they hear children crying. It is not clear to what degree these descriptions are empirically supported.

There is also evidence that women feel more confident in expressing emotions, including crying, while men usually dislike crying, especially traditional men (Fischer, 1993; Ross & Mirowsky, 1984). Men apparently can be distracted more easily from their sadness, whereas women ruminate more on their sadness, which includes crying, talking to others about their feelings, and identifying causes for them (Nolen-Hoeksema & Girgus, 1994). Nolen-Hoeksema's (1987) assumption that these response styles develop through the socialization of sex-appropriate behavior was confirmed in a study by Conway, Giannopoulou and Stiefenhofer (1990) showing that higher femininity was associated with more rumination and higher masculinity with more distraction.

**Conclusions**

After reviewing the literature on sex differences in crying, the following conclusions can be drawn. First, given the existence of a strong sex difference stereotype in terms of crying - men don't, women do - it is remarkable how many aspects of the relationships between sex and crying have hardly or not been investigated hitherto. However, there is little doubt that women indeed cry more often than men. On the other hand, applying the emotion regulation model of Gross and Muñoz (1995), we wonder whether the tendency to cry and the first physical manifestations of crying are also necessarily in agreement with the sex difference stereotype. Second, cross-cultural differences in crying frequency, certain variations within the female population, in particular linked to professions, and the absence of sex differences at very young ages, suggest that socio-cultural factors play a dominant role in sex differences in manifest crying, possibly in interaction with hormonal influences starting in puberty. Third, when trying to identify possible relevant sociocultural factors, two lines for future research might be fruitful. The first emphasizes situational influences. Women experience emotions such as sadness, depression and
powerlessness, which are associated with crying, more often. It would be worthwhile to get more insight into the role of specific, gender-related situational and interactional influences in generating these emotions (or transforming other emotions such as anger into these ones) and the tendency to cry. For example, what are the functions and effects of crying in conflict situations within intimate relationships or in work situations, at what specific moments is the crying signal given? What is the relationship between couples' and workers' gender role orientation and men's and women's crying behavior? A second line of possible future research focuses on crying as part of coping strategies.

The present review showed that women use crying in other and more ways than men, and also seem to elicit other, generally more positive, reactions from the social environment. More research is needed to determine how crying as well as crying inhibition are evaluated by women and men themselves, and to what degree their evaluation vary among situations and how their crying behavior as well as the evaluation of it is related to their general well-being. It might be clear that there is still much to be investigated before we will have adequate insight into all facets of the issue of gender and crying.
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## TABLE I: SUMMARY OF GENDER DIFFERENCES IN CRYING

<table>
<thead>
<tr>
<th>Article</th>
<th>N</th>
<th>Method/Period covered</th>
<th>Frequency</th>
<th>Intensity</th>
<th>Duration</th>
<th>Proneness</th>
<th>Reasons for actual crying</th>
<th>Effects on mood</th>
</tr>
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<tbody>
<tr>
<td>Young 1937</td>
<td>48 men and 8 women</td>
<td>questionnaire/past 24 hrs</td>
<td>women more frequently</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>no data on gender differences reported</td>
<td>-</td>
</tr>
<tr>
<td>Bindra 1972</td>
<td>25 men and 25 women</td>
<td>questionnaire/description of recent crying episode</td>
<td>-</td>
<td>women more intensely</td>
<td>women longer</td>
<td>-</td>
<td>women more due to &quot;anguish&quot;; men more due to &quot;elation&quot; and &quot;dejection&quot;</td>
<td>-</td>
</tr>
<tr>
<td>Williams 1982</td>
<td>70 men and 70 women</td>
<td>questionnaire/last year</td>
<td>-</td>
<td>women more intensely</td>
<td>-</td>
<td>women always more prone. No gender differences found with regard to evoking</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Study</td>
<td>Sample Size</td>
<td>Data Collection Method</td>
<td>Frequency</td>
<td>Intensity</td>
<td>Gender Difference</td>
<td>Situations</td>
<td>Findings</td>
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<td>----------------------------</td>
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<tr>
<td>Frey et al. 1983</td>
<td>45 men and 286 women</td>
<td>record keeping for 30 days</td>
<td>women more frequently</td>
<td>women more intensely</td>
<td>no gender difference found</td>
<td>data only presented for women</td>
<td>men: 73% felt better; women: 58% felt better afterwards</td>
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<tr>
<td>Lombardo et al. 1983</td>
<td>285 men and 307 women</td>
<td>questionnaire /no reference to specific period (&quot;How often do you cry?&quot;)</td>
<td>women more frequently</td>
<td>women more intensely</td>
<td>-</td>
<td>women always more prone. No gender differences found with regard to evoking situations</td>
<td>no gender difference in relative importance of feelings, but all feelings stronger in women</td>
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<tr>
<td>Ross and Mirowsky 1984</td>
<td>680 husbands and 680 wives</td>
<td>questionnaire /last week</td>
<td>women more frequently</td>
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<td>Hastrup et al. 1986</td>
<td>77 husbands and 145 wives in younger group.</td>
<td>questionnaire /last year</td>
<td>women more frequently; difference not significant</td>
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<td>&quot;no gender differences for specific causes of crying&quot;. No exact</td>
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<tr>
<td>Study</td>
<td>Participants</td>
<td>Methodology</td>
<td>Findings</td>
<td>Notes</td>
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<td>Kraemer and Hastrup 1986</td>
<td>23 men and 33 women</td>
<td>questionnaire followed by record keeping for 9 weeks</td>
<td>women more frequently</td>
<td>no gender differences found</td>
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<tr>
<td>Choti et al. 1987</td>
<td>58 men and 56 women</td>
<td>questionnaire after watching films</td>
<td>women more frequently</td>
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<td>Delp and Sackeim 1987</td>
<td>37 men and 43 women</td>
<td>direct observation: measuring the wetting of filter paper after experimental manipulation of mood</td>
<td>post manipulation values only are higher for women. Men and women react differently to mood</td>
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<tr>
<td>Study</td>
<td>Sample Size</td>
<td>Method</td>
<td>Findings</td>
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<tr>
<td>Williams and Morris 1996</td>
<td>224 men and 224 women</td>
<td>Questionnaire / one year in general</td>
<td>Women more intensely, women longer, always more prone. Differences between sexes were smallest for &quot;death of someone close&quot; and for several positive emotions</td>
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<tr>
<td>De Fruyt 1997</td>
<td>25 men and 79 women</td>
<td>Questionnaire / no reference to specific period</td>
<td>No gender differences found for negative and positive emotions following crying</td>
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<tr>
<td>Wagner et al. 1997</td>
<td>83 men and 169 women (health)</td>
<td>Questionnaire / no reference to specific period</td>
<td>More women had cried than men, no data reported</td>
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</tbody>
</table>
Crying and Gender

Vingerhoets and Becht 4) 1687 men and 2280 women (30 countries) questionnaire /last four weeks women more frequently women more more intensely women longer women always more prone. Differences between sexes were smallest for positive emotions women more due to "conflict"; men more due to "loss" and "positive events" improvement of mood in both men and women; effect somewhat larger in women

from: Vingerhoets and Scheirs (in press)

- : aspect of crying not investigated

1): the label "proneness" refers to the power of different situations or emotions in eliciting crying.

Subjects were asked to indicate how likely it was that they would cry in certain situations.

2): subjects were asked to describe the precipitating factors of the crying that had occurred on a recent occasion and that was still vivid in their memories.

3): proneness to cry was erroneously called "weeping frequency" in this study.

4): the data of this large cross-cultural study were first presented at "The international conference on the (non)expression of emotions in health and disease", which was held at Tilburg University (The Netherlands) in August 1996. The data have not yet been published.